

# Checkup

Volume 44 • Issue 1 • Spring 2015



WEST COAST  
DISTRICT DENTAL ASSOCIATION

A COMPONENT OF THE  
AMERICAN & FLORIDA DENTAL ASSOCIATIONS

## West Coast is the Best Coast



**Mission:** *Helping Members Succeed*

**Values:** *Service, Commitment, Integrity and Excellence*

**Summer Meeting  
Brochure Inside!**

# President's Message



Frederick J. Grassin, D.D.S.

Cicero, a roman philosopher, said "Friendship makes prosperity more shining and lessens adversity by dividing and sharing it." He understood the power of association and camaraderie more than 2000 years ago. This idea is just as important today as it was then.

I have repeatedly told dentists that "nobody loves you like we do." Dentists share a family of professional and personal responsibility other healthcare professionals envy. On the Gulf Coast of Florida the WCDDA is your professional family. Like any caring family, we are here to "help our members succeed."

We have turned the tide on declining membership share. Our efforts to develop and encourage new members are yielding results. Over the last few years more dentists were retiring than new dentists joining organized dentistry. As we seek to engage the new dentists, and members who have accidentally dropped their membership, dentists are now joining more energized and supportive. Initiatives with residency training programs and members under 10 years of practice are showing encouraging results. They better understand the personal, professional and financial value of their membership. We have created a task group to work with these young professionals. They are developing innovative programs and I hope that this group will soon become a standing committee in our organization.

We continue to engage the dental students and faculty at the LECOM School of Dental Medicine in Bradenton. These future professionals are eager to interact with our organization and learn about the profession. They serve as a wonderful resource for us to learn about the needs of future members and remain relevant to the dentists of tomorrow. I would encourage you to continue to show these students the kind professionalism you have already. As role models we can help them develop into quality oriented, ethical and involved members. If you want to participate with the students please contact the West Coast office. It would be a pleasure to have you join leadership in sharing the important message of membership.

Our Annual meeting was an enormous success! It was wonderful to see so many of you there. The program committee worked hard to bring internationally known speakers to your doorstep. Thank you for supporting this event! These educational opportunities are an important part of our professional service to you.

Our upcoming Summer meeting will feature Dr. Gerard Kugel, Dr. William Robinson, Ms. Jennifer Blackmon and Mr. Jason Young. This meeting is a perennial hit and a wonderful opportunity to refresh with friends and family in the warm sun and sand. I look forward to seeing you there.

We have just completed a very successful "Dentists' Day on the Hill." This annual event is a wonderful opportunity to meet with our legislators and share our legislative ideas. The response from the legislature has consistently been one of open communication and encouragement. They share our respect for our legislative team and appreciate the time away from our work and families to represent the profession. If you haven't attended in the past please plan to make it a date next year. You can see your efforts reaping benefits for you and the profession. I want to thank all those involved with this great event.

This will be my last official written message. In June, it will be my honor to pass the Presidency to Dr. Christopher Bulnes, of Tampa. It has truly been my privilege and pleasure to serve you as President of the WCDDA. This journey has found me many friends. It has changed the way I view the world. I have seen the kindness of our profession caring for those in need. I have experienced the advocacy we receive that we could not have achieved on our own. I have been witness to deliberations that change how we serve members in a fast paced world. Through it all there was always a common denominator...people who care.

The WCDDA is proud to be your partner and your professional family. Please work with us and use the resources we provide. Let us share adversity to make it easier for everyone. Our friendship will make the WCDDA a shining example and together we can "help our members succeed."! 🍷

Sincerely,  
**Frederick J. Grassin, D.D.S.**

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# 2015 Annual Meeting Highlights

To view more meeting photos, visit <http://wccddaphotoalbums.shutterfly.com/>.



L:R **Drs. Michael Cobbe** and **Farah Amin-Poustchi Cobbe** enjoying the reception at Rococo Steak in St. Pete.



L:R WCDDA Program Committee, **Drs. JP, Jeff Scott, Chris Bulnes, John Krueger, Robin Nguyen, Zack Kalarickal** and **Steve Perez**



L:R **Drs. JP** and **Fred Grassin**



L:R **Dr. Fred Grassin** awarded **Dr. Glen Jones** the Dr. Dan Bertoch Leadership award.



Congratulations to the West Pasco Dental Association on receiving the Affiliate of the Year award.

L: R **Drs. Fred Grassin, John Metz, Joe Grimaudo, Melissa Grimaudo, Robin Nguyen** and **Zack Kalarickal**



**Dr. Leo Cullinan** received the Kintsugi Award.

L:R **Drs. Chris Bulnes, Leo Cullinan, Oscar Menendez** and **Terry Buckenheimer**



Past President's Breakfast: L:R **Drs. Jerry Reynolds, Leo Cullinan, Robert Hart, Sam Desai, Rudy Liddell, Betty Hughes, Paul Palo, Joseph Bodo, Michael Kirsch, William Midyette, JP** and **Terry Buckenheimer**



(L) **Dr. Charles Llano** receiving the Distinguished Service Award



Affiliate Roundtable

L:R **Drs. Melissa Grimaudo, Keith Wolfenden, Maura Slack, Chris Bulnes, Sebastian Castellano, Nancy Havens** and **John Bindeman**

## Professional Photographs and ADA Member Profile

If you attended the annual meeting in St. Pete, visited the professional photographer and received your professional portrait via email - don't forget to update your ADA Member Profile for the Find-a-Dentist feature with your new professional photo!

Visit <https://www.ada.org/en/member-center/> to update your profile today!

If you have not received your professional photo that was photographed at the annual meeting, email Kelsey Bulnes at [kelsey@wcdental.org](mailto:kelsey@wcdental.org) to obtain your photo.

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– Greg Dickinson, DDS –  
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# Divas in Dentistry

The Dental Divas of the WCDDA joined together on April 2nd on the 38th floor of The University Club of Tampa and learned about seated yoga in the dental practice, met distinguished leaders from the American Dental Association and networked with dental colleagues.



L:R WCDDA Executive Director, Lisette Zuknick; ADA Executive Director, Dr. Kathy O'Loughlin; ADA President – Elect, Dr. Carol Summerhays; WCDDA Director of Membership and Communications, Kelsey Bulnes and WCDDA Administrative Assistant, Courtney Minthorn



Dental Divas of the West Coast!



L:R ADA Executive Director, Dr. Kathy O'Loughlin; Dr. Dana Busciglio and WCDDA Second Vice President, Dr. Natalie Carr



Divas actively participating in the seated yoga seminar.



L:R WCDDA First Vice President, Dr. Melissa Grimaudo; Dr. Monica Perez; Dr. Dina Howell and FDA Council on Membership, Dr. Robin Nguyen

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The Bank of Tampa



# The Importance of Membership

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These are just a few things tripartite dentistry has to offer. For more information about membership, call (800) 260-5277 or visit [www.wcdental.org](http://www.wcdental.org) or [www.floridadental.org](http://www.floridadental.org).

**Becoming a member has never been easier! Join today!**  
Call (813) 654-2500 or e-mail [kelsey@wcdental.org](mailto:kelsey@wcdental.org).

**Advocacy:** Visit [www.ada.org/advocacy.aspx](http://www.ada.org/advocacy.aspx) and [www.floridasdentistry.gov](http://www.floridasdentistry.gov) to view other important issues currently impacting dentistry.

**Peer Review:** Work to settle differences without costly litigation through peer resolution of disputes with patients.

**ADA "Find a Dentist" Feature:** Promote your practice by allowing you to keep your profile up to date and making it easy for potential patients to locate your practice at [www.mouthhealthy.org](http://www.mouthhealthy.org).

**FDA Services:** Provides a wide range of insurance at affordable rates. Reduce risk and increase productivity for yourself and employees, contact Rick D'Angelo at (813) 475-6948 or [rick.dangelo@fdaservices.com](mailto:rick.dangelo@fdaservices.com).

**Crown Savings:** FDA members can take advantage of exclusive deals and discounts offered through the Crown Savings program. Members who participate will save time, money and hassle, putting the focus back on patient care. Crown Savings benefits members and the association as the program produces revenue for the FDA through use of the association's trade dress and mailing list. Greater participation means more revenue for the association to add value to the FDA membership. Start saving and visit <http://www.fdaservices.com/crownsavings/>.

**Leadership Opportunities:** Your input at the local level is vital for dentistry today and in the future. To get involved, email [wc.dental@gte.net](mailto:wc.dental@gte.net).

**ADA/FDA/WCDDA Websites:** Information right at your finger tips, visit [www.ada.org](http://www.ada.org), [www.floridadental.org](http://www.floridadental.org) and [www.wcdental.org](http://www.wcdental.org) to access important information on laws, rules, continuing education and employment opportunities. The ADA has created a blog for new dentists, visit <http://newdentistblog.ada.org/>.

**The ADA Center for Professional Success:** is a unique website for dentists who are looking to succeed as dental practitioners and small business owners. The website includes everything from frequently asked questions about dental codes to debt calculators to health insurance resources for members. Dentists can easily find help managing their careers; expanding their knowledge; and balancing their life. Visit <http://success.ada.org/en/>.

**Free Florida and HIPAA Compliance Forms:** Free HIPAA forms are available to all members. Visit <http://www.floridadental.org/members/member-resource>

**Free Online CE:** Members receive up to 30 hours of FREE online CE courses at [www.floridadental.org](http://www.floridadental.org).

**CE Broker Tracking:** Continuing education attendance records are uploaded into [www.CEbroker.com](http://www.CEbroker.com) for each member who attends a meeting at the FDA, WCDDA and affiliate levels. 🇺🇸

## WCDDA President's Trip to Copper Mountain

17 member dentists and their families joined together for a fantastic trip to snowy Copper Mountain, Colorado on January 28th - February 1st!



# Membership

## New Members

Jennifer Alvarez, DMD - Tampa  
Priti Bapna, DMD - Tampa  
Karen Burns, DMD - St. Petersburg  
Patrick Carrigan, DMD - Naples  
Angela Cossentino, DDS - Cape Coral  
David Goldschein, DDS - Tampa  
Armen Grigoryan, DDS - Venice  
Andres Guerra-Andrade, DDS - Trinity  
Timothy Heine, DDS - Temple Terrace  
Amber Kibby, DMD - Bradenton  
Paul Mabe, DDS - Naples  
Tyler McCabe, DMD - Fort Myers

Terryl Petropoulos, DMD - Tampa  
Evan Prado, DMD - Tampa  
Richard Rasmussen, III, DMD - Tampa  
Joseph Salas, DMD - Bradenton  
Patrick Sexton, DMD - St. Petersburg  
Manisha Shrestha, DMD - Wesley Chapel  
Pablo Silva, DDS - Cape Coral  
Sarah Soltau, DMD - Plant City  
Mohammad Spouh, DDS - Tampa  
Rebecca Swartz, DMD - Sarasota  
Peter Weber, DMD - Tampa

## Milestones

**We are deeply saddened by the death of our colleagues.**

**Luther M. Beal, DDS** – Tallahassee – September 12, 2014  
**James W. Cochran DDS** of Largo – January 28, 2013  
**Denis Dosphehoff, DMD** of Tampa – November 17, 2014  
**Raymond Duke, DDS** of Sarasota – January 21, 2014  
**Gerald A. Ewing, DDS** of Sarasota – February 14, 2013  
**Richard R. Reed, DDS** of Brandon – December 31, 2014  
**Ellis J. Rue, DDS** of Palm Harbor – May 21, 2014  
**John Charles Stanton, DDS** of New Smyrna – February 1, 2015  
**Susilendra Vijay, DDS** of Plant City – September 23, 2014

A contribution has been made to the West Coast Fund in their memory. If you would like to make a contribution, please make your check payable to the Florida Dental Health Foundation, indicate WCDDA Fund in the memo and mail to: Florida Dental Association, Attn: Foundation, 1111 East Tennessee Street. Tallahassee, Florida, 32308-6914.

## Mark Your Calendar 2015-2016

WCDDA Executive Cabinet Meeting, WCDDA Office, Brandon ..... May 8, 2015

FDC, Gaylord Palms, Orlando ..... June 11 - 13, 2015

**WCDDA Summer Meeting, The Ritz-Carlton, Naples ..... August 6 - 9, 2015**

ADA New Dentist Conference, Washington DC ..... November 5-8, 2015

America's Dental Meeting, Washington DC ..... November 5-10, 2015

Dentists' Day on the Hill, Tallahassee ..... February 3, 2016

**WCDDA Annual Meeting, CAMLS, Tampa ..... February 19, 2016**

End of the Biennium ..... February 28, 2016

FLA-MOM – Florida Mission of Mercy, Jacksonville, FL ..... April 22-23, 2016



# WOULD YOUR PRACTICE PREVAIL?

## 5 Lessons learned from Superstorm Sandy

Small business owners affected by Hurricane Sandy learned some hard lessons on what's necessary to bounce back from a disaster. What did the brutal storm teach us and how can your practice be prepared for major hurricanes in the future?

**1 EXPECT THE UNEXPECTED**  
Accept extreme weather as the new reality and have disaster preparation and business continuity plans ready before the weatherman's forecast.

**3 PROTECT YOUR DATA**  
Back up your data regularly and keep important documents in a weather-proof safe. Also keep copies of important records at a secure offsite location.

**2 STORM TIME = DOWN TIME**  
How long can your practice last with doors closed? Keep an emergency fund to help your practice survive a couple days of business closures.

**4 MAKE A BACKUP PLAN**  
Your business continuity plan should include details such as practice location alternatives, out-of-region backup suppliers and employee emergency contacts.

**5 MAKE SURE YOU'RE COVERED**  
Communicate with your insurance agent annually to review your coverage details. Ask about additional coverages that may be right for your practice. Being prepared can make the difference.

Call today to speak to a licensed agent about your practice's hurricane protection coverage.

**Rick D'Angelo**  
Director of Sales, West Coast  
813.475.6948  
rick.dangelo@fdaservices.com





# Association Business - Official Calls

## Official Calls

The WCDDA will hold an Executive Cabinet meeting Friday, May 8, 2015 at 1:00 p.m. at the WCDDA central office in Brandon.

There will be a caucus of the West Coast District Dental Association's Delegation on Tuesday, June 9, 2015 at 6:00 p.m. via conference call. There will be twelve sites throughout the West Coast district.

The West Coast District Dental Association will hold a breakfast caucus in conjunction with the Florida Dental Association's House of Delegates meeting Saturday, June 13, 2015 at 7:00 a.m. at the Gaylord Palms, Orlando. 🇺🇸

Dr. Oscar Menendez  
WCDDA Secretary

*You're Invited*  
2015-2016  
*West Coast District Dental Association's  
Officer Installation  
Saturday, August 8, 2015  
5:00 p.m.  
The Ritz-Carlton, Naples*

*In conjunction with the  
West Coast District Dental Association's  
2015 Summer Meeting*

*Beer, Wine & Cheese Reception to  
Immediately Follow.*



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 <b>Dr. Marshall Berger</b> Broward County	 <b>Dr. Alex Cardounel</b> Southeast FL	 <b>Dr. Tony Hodge</b> Treasure Coast	 <b>Dr. Carlton Schwartz</b> Northwest, FL	 <b>Dr. Chip Kilcourse</b> Central FL	 <b>Sandy Harris</b> Associate Placement	 <b>Greg Jones</b> Real Estate Sale & Leasing	 <b>Samantha Corritore</b> Executive Secretary

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- \* Commercial Property Sales/Leasing
- \* Investment Real Estate

# WCDDA Fund

The **WCDDA Fund** supports access to care events and clinics, accredited dental programs and dental health education in thirteen counties. By supporting local events and education, the association is able to impact various important missions and support the profession.

Over \$8,900 was awarded to the following grant, scholarship and table clinic award recipients!

#### 2014 Grant Recipients

Campo Family YMCA  
Florida Mission of Mercy Event  
Mission Tampa/ Mission Smiles  
More Health  
St. Petersburg Housing Authority  
Today's Blessings Ministry, Inc.

#### 2014 Dental Hygiene Scholarship Recipients

Nicole Atterberry, South Florida State College  
Ailyn Avila-Portal, St. Petersburg College  
Natalie Patricia Fernandez, Florida SouthWestern State College  
Mireya Galvan, Hillsborough Community College  
Viktoriya Janko, State College of Florida  
Teresa Utset, Florida SouthWestern State College

#### 2015 Annual Meeting Table Clinic Winners

1st Place: Caitlyne Gonzalez for: "Leukoplakia"  
2nd Place: Nicola Smith for: "Cancer of the Tongue"  
3rd Place: Victoria Gonzalez – Bustos for: "Patient Anxieties Related to Dental Treatment"

All winners are from Hillsborough Community College and from the Dental Assisting program.

For questions regarding the WCDDA Fund, contact the WCDDA Office at (813) 654-2500 or email: [wc.dental@gte.net](mailto:wc.dental@gte.net)



## WCDDA Fund Raffle

The WCDDA Fund Committee needs your help in growing our WC FUND! Our next fundraiser will be a raffle of various items held in conjunction with the WCDDA Summer Meeting on August 6-9, 2015 at The Ritz-Carlton, Naples. If you would like to donate an item(s) – here's how:

- Any dental office, group, individual, dental program or company may submit an item(s) to be raffled. Notification of items to be donated must be received by the WCDDA office by July 27th.
- If an item(s) will be transported to The Ritz-Carlton by the WCDDA, items must be submitted to the WCDDA office by July 31st.

**Raffle tickets will be sold at the WCDDA Summer meeting; raffle tickets start at \$5.00.**

If you are not able to donate an item or attend the Summer Meeting to support the Fund, that is okay. You can donate directly to the Fund to support dental health education and prevention of dental diseases, access to care programs, scholarship and disaster relief.

**Questions... Contact the WCDDA office at**

**(813) 654-2500**

**[wc.dental@gte.net](mailto:wc.dental@gte.net)**



# Important Information

## Tampa Bay Times Educational Publication

The Tampa Bay Times (TBT), Newspaper in Education program (NIE) is a cooperative effort between schools and the Times Publishing Company to encourage the use of newspapers in print and electronic form as education resources. The TBT (NIE), DentaQuest Foundation and the West Coast District Dental Association compiled a 16 page educational insert that was distributed in the Sunday Paper throughout Citrus, Hernando and Pasco counties. The WCDDA office has paper copies available upon request for use in your dental office, free of charge. Contact the WCDDA office for your copy today by emailing Kelsey Bulnes at [kelsey@wcdental.org](mailto:kelsey@wcdental.org) or call (813) 654-2500.

## WCDDA YouTube Commercial: Is Your Dentist a Member?

Check out our new commercial all about you and your profession!  
Visit <https://www.youtube.com/watch?v=TjmhkGgic5Y&feature=youtu.be>.

## Measles May First Present In the Oral Cavity

The American Dental Association reports that although "the first signs of measles occur typically in the head and neck region and in the oral cavity...some dentists may not have had the occasion to actually see these symptoms due to years of successful control of the disease." American Academy of Pediatric Dentistry spokeswoman Dr. Catherine Flaitz "advises dentists to be prepared in the event a patient shows up with certain signs and symptoms of the disease," adding that a parent may first seek care from a dentist due to the fact that measles first presents in the head and neck region. The three main signs in the oral cavity of measles are koplik spots, atypical gingivitis with pustules and necrosis, and operculitis. View ADA's report by visiting <http://www.ada.org/en/publications/ada-news/2015-archive/march/symptoms-of-measles-may-appear-in-oral-cavity>

## Dentists must choose to opt in or out of Medicare enrollment

Any dentist who treats Medicare beneficiaries must either enroll in the program or opt out in order to prescribe medication to their qualifying patients with Part D drug plans, according to the federal government. Either way, dentists who fit this requirement must take action by June 1, 2015. They either have to opt in or opt out. The Centers for Medicare and Medicaid Services published a final rule in May that requires all physicians and eligible professionals—including dentists—who prescribe Part D covered drugs to be enrolled in Medicare or opt out for those prescriptions to be covered under Part D. By signing an affidavit opting out of the program, and entering into private contracts with patients as appropriate, dentists are out of Medicare for two years and cannot receive any direct or indirect Medicare payment for services provided to Medicare patients. For more information, visit <http://www.ada.org/en/publications/ada-news/2014-archive/june/dentists-must-choose-to-opt-in-or-out-of-medicare-enrollment>.

## WCDDA's Summer Meeting, The Ritz-Carlton, Naples

The WCDDA summer meeting room block is open! To reserve your room, visit [http://www.wcdental.org/wcd\\_professionals/2015\\_summer\\_meeting.html](http://www.wcdental.org/wcd_professionals/2015_summer_meeting.html) or call (239) 598-3300. Meeting registration is also open, visit <http://www.cvent.com/d/trqlq8/4W> or refer to the Summer Meeting brochure insert in this issue.

# Save The Date... WCDDA's 94th Annual Meeting

Center for Advanced Learning and Simulation (CAMLS), Tampa

February 19, 2016



# Dentists' Day on the Hill

## Dan Bertoch Memorial Grant Recipients

Congratulations to the two DDOH grant recipients, Dr. Barbara Reed of Naples and Dr. Laura Van Varick of Naples! Attendance to DDOH was supported by the Dan Bertoch Memorial Grant. Dr. Dan Bertoch devoted time to advocacy for the dental profession. It is in his spirit that a Memorial Fund in Dan's name has been established to provide funding for a first-time attendee to Dentists' Day on the Hill in Tallahassee on an annual basis. 🇺🇸



(L:R) Dr. Barbara Reed, Dr. Robert Payne and Dr. Laura Van Varick



(L:R) Dr. Joseph Craig, Dr. Oscar Menendez, Dr. Michael Adams, Dr. Dina Howell, Dr. John Thee, Dr. Gregory Langston, Dr. David Whitaker and Dr. Reza Iranamesh



(L:R) Jasmine Shafagh, Stephanie Mazariegos, Evan Busby, Representative Steube, Dr. Steve Tinsworth, Dr. Doug Jungman and Neha Chakravarti



*Stephanie Mazariegos*

As an upcoming fourth year dental student, my future after graduation highlights many of my anxieties. I keep a detailed mental list of all the clinical and written exams I need to master to become a licensed, proficient dentist. Employment opportunities and student debt lie at the top of my anxieties. Many of my classmates share these same concerns. We receive periodic reports stating our increasing debt and interest rates and we hear about the changes in the dental field. Corporate dental practices visit our schools in hope of recruiting future employees.

We learn about the emerging practice models and midlevel providers that could change the status quo of our profession. I, along with many of my classmates, understand the reality of these challenges. We support the efforts of organized dentistry and want to help solve the challenges that our profession faces.

This year, LECOM School of Dental Medicine, (SODM) sent a record number of 14 students to Dentists' Day on the Hill (DDOH). We were proud to represent our school and voice our concerns with Florida dentists so they could understand the student perspective. When we met with dentists, they were often surprised to find out how different it is to be a dental student today. The average student debt load overshadows the tuition rates of students in the past. We felt welcomed by the dentists who offered their advice about the dental profession and the importance of remaining involved in organized dentistry. They helped train us for our day of lobbying and guided us to each appointment.

During the lobbying efforts, the bill that maintained high priority was *SB 606 Dental Care Access Account Initiative*, which would provide up to \$100,000 per dentist for up to 5 years if they practiced in an area with limited access to dental care. The bill could specifically help newly graduated dental students work in areas that were previously without a dentist while helping pay back some of the significant student debt.

One of my most rewarding experiences at DDOH was sharing my personal stories with congressmen. Many displayed active engagement when I told them about our challenges as dental students. They even shared their concerns about their own children's future education. Many of my classmates also shared very authentic testimony about our future careers.

The entire experience at DDOH delivered several effective messages. Dentists learned about the changes in dental school from the students. We observed the lobbying efforts of the dentists and learned how to communicate effectively. We also offered a student perspective that legislators could identify with in a genuine manner. My classmates and I are proud to have participated in this rewarding experience and grateful for all of the leaders who made it successful. I personally appreciate the dental leaders that continue to protect the field of dentistry and feel proud to join such a rewarding profession. 🇺🇸

Stephanie Mazariegos  
3<sup>rd</sup> Year Dental Student  
LECOM SODM  
Class of 2016

CLINICAL  
Feature

## Tooth Autotransplantation: An Overview and Case Study

### ABSTRACT

It is not uncommon for children or young adults to have congenitally missing teeth or early loss of teeth from trauma or caries. The restorative options are typically bridges, implants, and removable appliances. Often overlooked and misunderstood, another treatment option exists in autotransplantation, where a tooth is moved from one site to another in the same individual. Autotransplantation is well studied and has predictable results comparable to implants, with reported success rates often greater than 90%. This article will provide an overview of autotransplantation, its indications, advantages, complications, and treatment considerations, along with a case of a third molar autotransplant that will serve to highlight these points.

**Samuel K. Schmidt, D.D.S.,\* and David G. Cleverly, D.D.S.\*\***

### Overview

When one hears the word “transplant”, many think of organs such as kidney, lung, liver, or heart. Often those organs save lives, so that is appropriate. Most people, however, are unaware that a procedure to transplant teeth exists as well. Tooth autotransplantation provides a viable and predictable treatment option that has been studied for many decades. Over the last 20 years, implants have become such a popular treatment to replace missing teeth that autotransplantation has been overlooked by many dentists. Yet the goal of any tooth autotransplant is the same as that of an implant: to replace a missing or non-restorable tooth, and to provide increased function

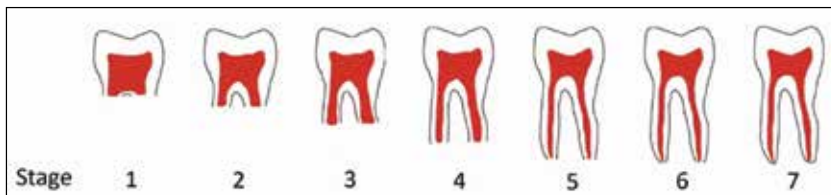


Figure 1. Moorrees' Stages of Root Development.<sup>vi</sup> Stage 1 is beginning of root formation, Stage 2 is ¼ formed, Stage 3 is ½ formed, stage 4 is ¾ formed, and stages 5-7 are the closing of the apical foramen. Stages 3 and 4 are ideal for autotransplantation to maintain vitality of donor tooth.

and, potentially, esthetics. Thus it is a procedure that both the public and the profession should think of more readily when treatment planning.

Autotransplantation of teeth is surprisingly well studied, and success rates are routinely found to be 90% or higher. In a recent study, Sugai et al followed 114 transplants and found a one-year success rate of 96%, with 84% at five years.<sup>1</sup> Other studies have shown between 79 and 95% success rates, with follow-up times as long as 41 years.<sup>2,3,4</sup> Another recent study, by Bae et al, showed that high success rates (84%) can even be achieved with closed apex teeth and root canal treatment.<sup>5</sup> It is important to recognize that transplanting fully formed teeth requires root canal therapy, which lowers success rates as well as negating some of the advantages of autotransplantation. Transplantation of a tooth with incompletely formed roots allows for the advantage of maintaining vitality. According to the Moorrees classification system for stages of root development,<sup>6</sup> the key stages for autotransplantation are stages 3 and 4 – i.e., one-half to three-quarter formed (Figure 1). However, root development is only one of the significant factors that determine success. Patient selection is important since age, health status, dental status

(caries risk), and oral hygiene can influence success. Surgical technique is also vital in regard to manipulation of donor tooth, extraoral time, and atraumatic extraction,<sup>7</sup> particularly if the donor tooth is impacted.

The most common indication for an autotransplant is when a molar, classically a first molar, is lost at an early age. Often the patient will have a third molar that could be used well as a donor tooth due to relative size and proper root development. Other indications include congenitally missing teeth, trauma, or ectopically positioned teeth. Additionally, literature reports have shown the successful use of premolars, frequently extracted during orthodontic treatment, to replace anterior teeth due to aplasia or trauma.<sup>8</sup>

While an autotransplant is not always an indicated treatment, when it is, there are often more traditional and well known alternative treatments

*Continued on next page*

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**\*Dr. Cleverly** is a former attending surgeon at Gundersen Lutheran Oral and Maxillofacial Surgery program, currently pursuing private practice in Lincoln, Nebraska. Email is deleovms@hotmail.com.

# Clinical Feature

Continued from previous page

	Implant	Autotransplant
<b>Function</b>	Lack of PDL, often results in bone loss around implant	PDL, normal proprioception. Loss of bone is unlikely
<b>Cost</b>	More expensive, often \$4,000+	Less expensive, variable
<b>Time</b>	Requires osseointegration, lab time and preparation, often 6 months or longer in treatment	Requires fixation, often functional within 1-2 weeks. Can require lengthy orthodontic time in some cases
<b>Treatment of complications</b>	Surgical intervention and bone/soft tissue grafting are often required to treat complications	Standard dental procedures such as non-surgical root canal therapy and orthodontia correct most of the complications
<b>Esthetics</b>	Varies by case, clinician and lab. Potential to be excellent but difficult to achieve natural look.	Natural tooth typically will provide excellent esthetics. Prosthetic work necessary for some cases would negate advantage

Table 1. Comparison of dental implants to autotransplants.<sup>9</sup>

that are given as treatment options for patients. These alternatives are usually a bridge or an implant. Implants are often the best treatment available, and in the case of edentulous patients, older adults, or patients with very high caries risk, implants are clearly the better, and sometimes the only, choice. However, in the relatively few patients where an autotransplant is an indicated and possible treatment, autotransplantation possesses many distinct advantages over implants in terms of function, cost, time, esthetics, and ease with which complications can be managed (Table 1).<sup>9</sup> It is also a surgical procedure that oftentimes can be done in a simple, efficient manner.

## Sequence/Procedure

The procedure of a successful tooth transplant must start with a thorough clinical and radiographic examination. Having as accurate an idea as possible of the size of the donor tooth and the recipient site makes the procedure go

more smoothly and successfully.

Once planned properly, the first step in the procedure is removal of the diseased tooth, if present, and surgical manipulation of the recipient site as much as possible. In cases where no tooth is present, often due to a congenitally missing tooth, surgical creation of the socket can be performed, with success rates

comparable to having a socket present from extraction.<sup>10</sup> There have been studies on the effectiveness of using a CAD/CAM-generated replica tooth to determine the recipient site dimension based on radiographic data, and have shown it can shorten the procedure time as well as prevent injury

to the periodontal membrane of the donor tooth.<sup>11</sup> The goal should be to minimize handling and extraoral time of the donor tooth during the procedure.

Once the recipient site is prepared adequately to the estimated

size needed for the donor tooth, atraumatic extraction of the donor tooth is performed. Minimizing mechanical trauma is vitally important to the ultimate success of the treatment, as the periodontal ligament (PDL) is crucial.<sup>12</sup> The donor tooth must then be “tried in” to the recipient site to make sure it will fit properly and to determine what type of splinting will be necessary. The PDL is still very important in this step, and it is advantageous to try-in the donor tooth as few times as possible. The ideal scenario would be the donor tooth fitting perfectly into the recipient site the first time, and pre-operative planning can aid greatly in the attempt to achieve such a scenario.

The transplanted tooth should always be placed in infraocclusion and then splinted in place. There are two primary ways to splint a transplanted tooth, either rigid or flexible fixation. Rigid fixation typically is done for three to four weeks with stainless steel wire and composite, similar to what is done for an avulsed tooth. It has been shown that this type of fixation can negatively influence root development, and has an increased chance for pulpal necrosis and ankylosis.<sup>13</sup> Yet, this type of fixation is required if initial stability is not adequately achieved with suture splinting alone, usually if 2 mm or more of mobility are present after transplant. Suture fixation is the preferred and best option, typically performed by placing a 2-0 silk suture that crosses the occlusal surface of the transplant through the gingiva labio-lingually for one to two weeks. Postoperative instructions are similar to a typical surgical extraction or implant procedure. It is common to provide prescriptions for one week of antibiotics and chlorhexidine rinse. The advantage of placing a silk suture is that the practitioner will get

The procedure of a successful tooth transplant must start with a thorough clinical and radiographic examination.

to see the patient on recall in one to two weeks and can get an initial evaluation. If the transplant has a closed apex, then root canal therapy can be initiated approximately two weeks after transplantation.

As transplanted teeth are evaluated at subsequent follow-up appointments, a thorough clinical examination should be performed looking for percussion sound, mobility, function, occlusion, and gingival health. It is typical to have abnormal pulp testing for up to six months even with normal healing. Additionally, radiographs are an important tool to evaluate PDL and lamina dura, root formation, and alveolar bone level. Potential complications to be aware of include ankylosis, periodontal disease, root resorption, and pulp canal obliteration.<sup>14</sup> That said, most common sequelae from autotransplants are deviations from ideal tooth position, with as many as 30% without occlusal contacts and up to 15% without interproximal contacts.<sup>15</sup> Orthodontic treatment can correct many positional deficiencies with minimal risk to the periodontal or pulpal health of the transplanted tooth, though it should be performed between three to nine months following transplantation.<sup>16</sup> Depending upon the preferences of the patient and clinical significance found by the dentist, minor tooth position discrepancies will often not require additional treatment.

### Case Study

While a chief resident in the oral and maxillofacial surgery program at Gundersen Lutheran, Dr. David Cleverly treated a 17-year-old female patient, T.O., who presented as a self-referral. T.O. had a previously treated root canal on #19 with a PFM crown that had a large periapical radiolucency around both the mesial and distal roots into the furcation space (Figure 2). The tooth was deemed

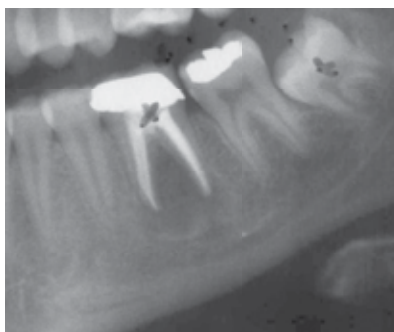


Figure 2. Cropped portion of panoramic radiograph, showing #19 with large radiolucency surrounding both roots.

non-restorable. She also presented with vertically impacted #1 and #16, and mesio-angularly impacted #17 and #32 that were treatment planned for extractions.

Treatment options presented to the patient to replace the soon-to-be-missing #19 included no treatment, RPD, FPD, and implant. No treatment would include the loss of chewing function of a first molar and potential future restorative problems due to drifting or supraeruption. A removable partial denture would be a step up in providing function and space maintenance, but represents a considerable amount of material to replace a single tooth. A three-unit bridge for #18-x-20 was another alternative option, but one that comes with the undesirable effect of removing tooth structure from #18, which had only an occlusal amalgam and an unrestored #20. The treatment option would offer with a good long-term prognosis is an implant. Dr. Cleverly added autotransplantation, discussing the aforementioned risks as well as benefits over an implant.

Pre-operative measurements and assessments were performed with a panoramic radiograph. Tooth #19



Figure 3. 2-0 silk suture splint placed bucco-lingually through the gingiva over the occlusal surface of the transplanted molar.

was extracted, and the socket was thoroughly curetted and irrigated with sterile saline. Freeze-dried bone allograft was placed in the large bony defect. Tooth #17 was atraumatically extracted, and the donor tooth was transplanted into the #19 site. The donor tooth fit well on the first attempt without any need for further modification of the recipient socket

### Suture fixation is the preferred and best option.

or tooth. Initial stability was excellent, and likely did not require splinting, but a suture splint was placed to minimize risk of dislocation or aspiration of the transplanted tooth (Figure 3). Postoperative instructions and prescriptions were as follow: Chlorhexidine mouth rinse 0.12% twice a day for seven days;

Clindamycin 300 mg every six hours for seven days; Hydrocodone 5mg/Acetaminophen 500mg every four to six hours for pain as needed.

The patient was seen for an initial post-op appointment at one week, at which time the suture splint was removed and healing was determined to be progressing normally. The patient was seen again at 10 weeks, and again at four months, when a more thorough clinical and radiographic examination was

*Continued on next page*

# Clinical Feature

Continued from previous page



Figure 4. Occlusal view of #19, a transplanted third molar after four months of healing, esthetically indistinguishable from a natural first molar.



Figure 5. Photo of #19 transplant in occlusion, excellent gingival health with attached keratinized gingiva, though open mesial contact can be slightly appreciated in this view.

performed. Probing depths all around the transplant were less than 3 mm, with normal gingival contours and adaptation to the transplant. Tooth #19 tested normal to cold, percussion, and palpation, and occlusion was present and functional. There was a slightly open mesial contact, and #18 and #19 had Class I mobility. Esthetically, the tooth would appear a natural part of the dentition (Figures 4 and 5), a result even the most talented clinician would have difficulty reproducing with an implant.

Radiographically, the alveolar bone level is normal, as is the PDL. The pulp chamber is normal, and the apices are open and roots still forming (Figure 6).

The patient was seen again for a one-year recall with another clinical and radiographic examination, highlighting the importance of good surveillance. The clinical examination showed no significant findings, there was no longer any mobility, and the open mesial contact is less than at the four-month appointment. A periapical

radiograph showed similar findings (Figure 7), and it would be expected that the roots may continue to form another few millimeters, but quite unlikely to approach the length of #18, as root growth is impaired or arrested up to 79% of the time.<sup>17,18</sup>

## Discussion

Dr. Cleverly's case provides an excellent example of how ideal indications for an autotransplant can lead to a very successful treatment outcome. The loss of a first molar at an early age is the most common scenario that would present, and the patient in this case still had a donor third molar with ideal root form. Though an implant would have been a completely reasonable treatment plan for replacement of #19, it would

likely have cost substantially more and taken approximately six months longer before a functional tooth was present. As would be the case for many young adults, having the option of a tooth transplant was an excellent treatment option both for the dollar savings and

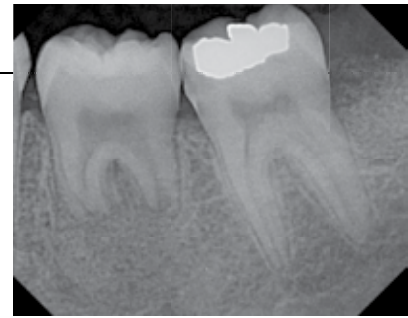


Figure 6. Periapical radiograph taken of the #19 transplant approximately four months post-op.

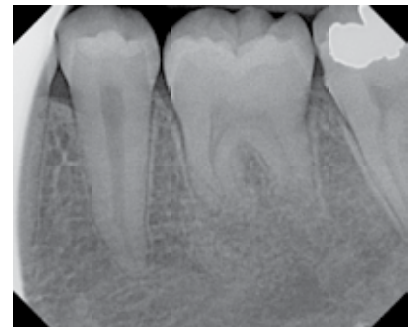


Figure 7. Periapical radiograph of #19 transplant taken at approximately one year post-op.

for being able to keep a natural tooth.

In this case there have been no major complications to date, highlighting how successful an option transplantation is when properly indicated. The open mesial contact is a by-product of the donor tooth being smaller than the recipient site, which is typical due to the large mesial-distal dimension of the first molar. Mesial drift has already begun to close the space, and would be expected to continue. Thus the patient has no plans to undergo orthodontic treatment. Proper oral hygiene instructions and encouragement will be important to keep the autotransplant site clean and to prevent future problems. Overall, at this point the case would be deemed a success, but further follow-up will be important in the next one to two years.

## Conclusion

Autotransplantation has been studied extensively for many years and may become a more common procedure as it is better understood by clinicians. Certainly more research to understand

Further research  
could provide  
methods to make  
tooth banks  
a reality.



failures and how surgeon experience or extraoral manipulation contribute to failures will be important. However, it is the ongoing research in cryopreservation that makes the future possibilities so exciting. Studies have shown that PDL cells can survive cryopreservation,<sup>19</sup> and while currently cryopreserved teeth require root canal therapy due to inadequate pulpal tissue preservation,<sup>20</sup> there has been initial research suggesting pulpal stem cells are receptive to the treatment.<sup>21</sup> Further research could provide methods to make tooth banks a reality, and provide patients options to replace missing teeth with their own natural teeth instead of implants.

Tooth autotransplantation is a procedure that any general dentist could perform if he or she is comfortable with and skilled at dentoalveolar surgery. If extracting impacted teeth, placing implants, and handling surgical complications are fairly routine, autotransplantation is simply a different procedure using the same skill set. Yet, even general dental practitioners who would not perform the procedure should be knowledgeable about the indications, treatment sequence, and follow-up so that it can be offered as a treatment

option when indicated. Patients will probably be thrilled to hear they could save time and money! ■

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“Different forms of life in different aspects of existence make up the teeming denizens of this earth of ours ... and all things primarily seek peace, comfort, and security. Life is as dear to a mute creature as it is to a man. Just as one wants happiness and fears pain, just as one wants to live and not to die, so do other creatures.”

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# WCDDA Welcomes Courtney



**Courtney Minthorn**

## WCDDA Hires New Administrative Assistant, Courtney Minthorn.

Courtney is from Sarasota and recently moved to the Tampa Bay area to attend the University of South Florida where she is working towards a bachelor's degree in biomedical science with a minor in psychology. She received her associate's degree from the State College of Florida and is looking to attend a physician assistant graduate program in the near future. Her previous experience includes working at Sarasota Memorial Hospital as a multi-skilled technician. At that time, she received an abundance of training in clerical work as well as patient care. Courtney has expressed how excited she is to be working with the West Coast District Dental Association and is looking forward to meeting everyone at future meetings and events! 🇺🇸

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# Tip of the Tongue

## Game of Dental Loans

*The Game of Thrones season five is out this month and it provides a lot of life lessons. So with apologies to George R. R. Martin and Home Box Office, what if you applied for a dental loan in the Land of the Seven Kingdoms? Cue the intro music.*

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**Hugh Wunderlich, DDS**

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"I have heard that...No, I need coin for a dental practice AND I have these two daughters..."

"Pity...War is easier than daughters. Do your daughters have dragons? That could be a real asset. They are quite valuable. We had a mother of Dragons, House Targaryen, rightful heir to the Iron Throne, Queen of the Seven Kingdoms of Westeros, the Rhoynar, and the First Men, the Khaleesi of the Great Grass Sea, the Unburnt, Breaker of Chains and saver of 50 Gold Dragons by switching to Geico. We got BURNED on that loan so to speak."

"No...you see my daughter wants to have a wedding and I need a dental loan..."

"Oh I hope it's not a RED wedding! And please no essence of nightshade, Tyrion's turtle stew or any of Joffery's wine"

"No...Nothing like that. I was hoping to open a practice in Eyrie. I hear they have a Moondoor and Skycells that could be operatories. So easy to dismiss and clean up between patients. Plus they have new Pelton Crane Weirwood chairs, Valyrian steel scalers and some guy named Mord is already a CDA."

"Perhaps if you located your practice in a federally underserved area like in the Haunted Forest north of the Northwall. I know the Men of the Night's Watch Dental Center is looking. Do you like winter sports? Ok working with the White Walkers? The undead? Have long undies? Not much Pedo though..."

"Uh yeah I guess so...What is the interest and length of the loan?"

"Your joy will turn to ashes in your mouth and you will know the debt is paid"

"Um...Perhaps I could just have a payment book instead... you know with the little tear off coupon things. Could the terms be prime or better?"

"Your coin is due on your next name day unless you opt for trial by combat but we get The Mountain and you get Samwell Tarly as a combatant."

"Next name day is fine..."

...here is my portfolio and business plan. I know of an army to the south of 4000 men, the Army of the Unsullied. They have no dentist and they are missing their ...um...er...teeth. But I am afraid to get started and I have no money."

"Plans do not fail for lack of coin, it is for lack of effort. There is no failure, you just learn from it. Each bruise is a lesson and each lesson makes us better. Failure isn't a pit. It is a ladder. Only those that dare to fail greatly can ever achieve. ..AND with each loan the Iron Bank of Braavos provides a Pigeon Pie."

"Perfect.... But what if I the raven is a little late with my payment?"

"Well... We do work with the Ramsey Snow Collection Agency. Do you like the name Reek? AND we have a dragon..... 🐉"



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